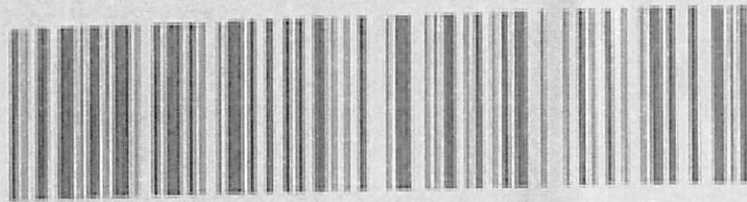


USPS TRACKING #



9590 9402 2272 6225 4268 06

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Roberto Quiles
Box 1337
San Sebastian P.R.
00685



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NEW YORK, NY 10036

OFFICIAL USE

Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$

\$0.00

☐ Return Receipt (electronic)

\$

\$0.00

☐ Certified Mail Restricted Delivery

\$

\$0.00

☐ Adult Signature Required

\$

\$0.00

☐ Adult Signature Restricted Delivery

\$

\$0.00

Postage

\$0.70

\$

Total Postage and Fees

\$6.80

\$

0685

08

Postmark
Here

11/27/2017

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Oversight Boards Counsel
Proskauer Rose LLP
Eleven Times Square 10036

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

2016 1970 0000 0267 9702
2262 5027 2922 1000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Oversight Board's Counsel
Proctor Rosell P
Eleven Times Square
16036



9590 9402 2272 6225 4268 06

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Bamba

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

12-4

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery



MILTON D. RIVERA ADAMES

Abogado - Notario

Urb. Villa Rita Calle 2 B4
San Sebastián, Puerto Rico 00685

Carr. 119, Km. 30.6, Rta. Calabazas
San Sebastián, Puerto Rico
787-810-7577 • 787-892-9099
estudiolegalrivera@gmail.com

12 de octubre de 2020

Departamento de Justicia de Puerto Rico
Junta de Confiscaciones
Apdo. 9020192, San Juan, PR 00902-0192

RE: CASO CIVIL ISC12017-00375
KLAN201900878

A QUIEN PUEDA INTERESAR:

El Tribunal Apelativo dictó sentencia en este caso a favor de la parte apelante, Sr. Roberto Quiles el día 12 de diciembre de 2019. Dicha sentencia es ya final y firme. No ha sido apelada por el estado.

En la sentencia se ordena la devolución del vehículo Toyota Scion 2013, tablilla IDF-590, serie JTKJFSC74D3059879 por causa del estado haber realizado una confiscación ilegal.

A esos efectos solicito con carácter de urgencia que se nos informe oficialmente sobre la localización, estado o disposición de dicho vehículo. De haber sido vendido en subasta, favor de proveer toda la evidencia relacionada. De estar disponible físicamente, solicitamos que se coordine la entrega a la mayor brevedad.

De no recibir contestación en diez días procederemos a presentar la correspondiente moción de desacato al Tribunal Apelativo.

Sin nada más a qué referirme, se despide;

Atentamente;


MILTON D. RIVERA ADAMES, RUA 11480

Urb. Villa Rita, Calle 2 B4, San Sebastián, PR 00685

Tel. 787 810-7577

Correo electrónico: estudiolegalrivera2@gmail.com

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\$3.55

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$0.00

☐ Return Receipt (electronic)

\$0.00

☐ Certified Mail Restricted Delivery

\$0.00

☐ Adult Signature Required

\$0.00

☐ Adult Signature Restricted Delivery

\$0.00

Postage

\$0.55

\$

Total Postage and Fees

\$6.95

\$

Sent To

Street and Apt. No. or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

0685
12

Postmark
Here

10/13/2020

Junta Confiscables

Apartado 9020192

San Juan P.R. 00902-0192

7020 0090 0002 1273 7363

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LCDA. Karen Maya
Fiscalia de Mayaguez
Ave. Hiram J.
CABASSA 87 Mayaguez, P.R.
00680



9590 9402 1654 6053 1271 76

2. Article Number (Transfer from service label)

016 2710 0001 1578 3427

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard L. Ayala*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

RICHARD L. Ayala

C. Date of Delivery

7-11-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

MAYAGUEZ, PR 00680

Certified Mail Fee

\$3.35

Additional Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy)

\$

\$2.75

\$0.00

Return Receipt (electronic)

\$

\$0.00

Certified Mail Restricted Delivery

\$

\$0.00

Adult Signature Required

\$

\$0.00

Adult Signature Restricted Delivery

\$

\$0.00

Package

\$0.49

Postage and Fees

\$6.59

0604

09

Postmark
Here

07/10/2017

To

LCDR. Karen Maya

Street and Apt. No., or PO Box No.

Escalier de Mayaguez Ave. Hiram D

State, ZIP+4

139551287 Mayaguez P.R. 00680

Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions